PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING

Insert Title:

## BIRCE TEWART, KOLASCH & BIR J., LLP

O. Box 747 • Falls Church, Virginia 22040-0747 . Telephone: (703) 205-8000 • Facsimile: (703) 205-8050 09/529937

## COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

DINITROANILINE LIPOSOMAL FORMULATIONS AND PROCESSES FOR THEIR PREPARATION

As a below named inventor, I hereby declare that my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

| Fill in Appropriate<br>Information -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                          |                                            | ereto. If not attached here<br>il 21, 2000                                       |                                                    |                                               |                         | as                           |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|----------------------------------------------------------------------------------|----------------------------------------------------|-----------------------------------------------|-------------------------|------------------------------|--|--|
| For Use Without                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | the specification was filed on April 21, 2000 United States Application Number 09/529,937                                                                                                                                                                                                                                |                                            |                                                                                  |                                                    |                                               | (if applicable) and /or |                              |  |  |
| Specification                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | and amended on                                                                                                                                                                                                                                                                                                           |                                            |                                                                                  |                                                    |                                               | (if applicable) and/or  |                              |  |  |
| Attached:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | the specification was filed on                                                                                                                                                                                                                                                                                           |                                            |                                                                                  |                                                    |                                               | ; and was               |                              |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                          |                                            |                                                                                  |                                                    |                                               |                         |                              |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | amended under PCT Article 19 on                                                                                                                                                                                                                                                                                          |                                            |                                                                                  |                                                    |                                               |                         |                              |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.                                                                                                                                              |                                            |                                                                                  |                                                    |                                               |                         |                              |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | amended by any amendment referred to above.  I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Fe Regulations, §1.56.  I do not know and do not believe the same was ever known or used in the United States of America before my or our investigations. |                                            |                                                                                  |                                                    |                                               |                         |                              |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | thereof, or patented or o                                                                                                                                                                                                                                                                                                | lescribed in a                             | the same was ever known<br>ny printed publication in<br>same was not in public u | any country before my c                            | or our invention the                          | reot or m               | ore than one                 |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | prior to this application, date of this application                                                                                                                                                                                                                                                                      | that the inver                             | ntion has not been patente<br>stry foreign to the United                         | d or made the subject of<br>I States of America on | an inventor's certifi<br>an application filed | icate issu<br>1 by me   | ed before the<br>or my legal |  |  |
| []                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | representative or assign                                                                                                                                                                                                                                                                                                 | s more than to                             | welve months (six months<br>invention has been filed i                           | for designs) prior to the                          | is application, and t<br>the United States of | hat no aj<br>f America  | plication for                |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | application by me or my                                                                                                                                                                                                                                                                                                  | legal represen                             | itatives or assigns, except a                                                    | is follows.                                        |                                               |                         |                              |  |  |
| T. E. C.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | I hereby claim fore                                                                                                                                                                                                                                                                                                      | ign priority be                            | nefits under Title 35, Unit<br>d have also identified belo                       | ed States Code, §119(a)-(                          | d) of any foreign ap                          | plication               | (s) for patent               |  |  |
| . A. C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | a filing date before that                                                                                                                                                                                                                                                                                                | of the applicati                           | on on which priority is cla                                                      | imed:                                              | tion pateritor niver                          | itor s ceru             | ikuk iliving                 |  |  |
| 1,2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Prior Foreign Applica                                                                                                                                                                                                                                                                                                    |                                            | • •                                                                              |                                                    | P                                             | riority (               | Claimed                      |  |  |
| Insert Priority                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 100107                                                                                                                                                                                                                                                                                                                   | Dowler and                                 |                                                                                  | August 21, 1998                                    |                                               | $\boxtimes$             |                              |  |  |
| Information:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 102197<br>(Number)                                                                                                                                                                                                                                                                                                       | Portugal<br>(Country)                      |                                                                                  | (Month/Day/Year Fil                                | ed)                                           | Yes                     | No                           |  |  |
| (if appropriate)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (rumber)                                                                                                                                                                                                                                                                                                                 | (Country)                                  |                                                                                  | (**************************************            | ,                                             |                         |                              |  |  |
| £i .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 77. 1. )                                                                                                                                                                                                                                                                                                                 | (0, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, |                                                                                  | 04                                                 |                                               | ∐<br>Yes                | □<br>No                      |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (Number)                                                                                                                                                                                                                                                                                                                 | (Country)                                  |                                                                                  | (Month/Day/Year Fil                                | ea)                                           | res                     | 140                          |  |  |
| <b>1</b> 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                          |                                            |                                                                                  |                                                    |                                               |                         |                              |  |  |
| The state of the s | (Number)                                                                                                                                                                                                                                                                                                                 | (Country)                                  | o                                                                                | (Month/Day/Year Fil                                | ed)                                           | Yes                     | No                           |  |  |
| (3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                          |                                            |                                                                                  |                                                    |                                               | П                       | П                            |  |  |
| 13<br>13                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (Number)                                                                                                                                                                                                                                                                                                                 | (Country)                                  |                                                                                  | (Month/Day/Year Fil                                | ed)                                           | Yes                     | No                           |  |  |
| 타고<br>프로                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ` ,                                                                                                                                                                                                                                                                                                                      |                                            |                                                                                  |                                                    | •                                             |                         |                              |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | I hereby claim the benefi                                                                                                                                                                                                                                                                                                | t under Title 3                            | 5, United States Code, §11                                                       | 9(e) of any United States                          | provisional applicat                          | ions(s) lis             | ted below.                   |  |  |
| Insert Provisional                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (A 1) ti Nol                                                                                                                                                                                                                                                                                                             |                                            | · · · · · · · · · · · · · · · · · · ·                                            | (Filing Date)                                      |                                               |                         |                              |  |  |
| Application(s):<br>(if any)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (Application Number)                                                                                                                                                                                                                                                                                                     |                                            |                                                                                  | (rung Date)                                        |                                               |                         |                              |  |  |
| (ii aity)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ì                                                                                                                                                                                                                                                                                                                        |                                            |                                                                                  |                                                    |                                               |                         |                              |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (Application Number)                                                                                                                                                                                                                                                                                                     |                                            |                                                                                  | (Filing Date)                                      |                                               |                         |                              |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to                                                                                                                                                                                     |                                            |                                                                                  |                                                    |                                               |                         |                              |  |  |
| •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | the Filing Date of This Application:                                                                                                                                                                                                                                                                                     |                                            |                                                                                  |                                                    |                                               |                         |                              |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Country                                                                                                                                                                                                                                                                                                                  |                                            | Application Number                                                               | Date of                                            | Filing (Month/Day/                            | 'Year)                  |                              |  |  |
| Insert Requested                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                          |                                            |                                                                                  |                                                    | <del>-</del> -                                |                         |                              |  |  |
| Information: (if appropriate)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                          |                                            |                                                                                  |                                                    |                                               |                         |                              |  |  |
| ( 11 1 )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | II. d. d. d. d. d. DCI and Title OF Hailed Change Code C100 of and Hailed Change and Jon DCT and instance (A title & Labor and                                                                                                                                                                                           |                                            |                                                                                  |                                                    |                                               |                         |                              |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT                                                      |                                            |                                                                                  |                                                    |                                               |                         |                              |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available                                                 |                                            |                                                                                  |                                                    |                                               |                         |                              |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | between the filing date o                                                                                                                                                                                                                                                                                                | f the prior app                            | olication and the national o                                                     | or PCT international filing                        | date of this applica                          | tion.                   |                              |  |  |
| Insert Prior U.S.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                          |                                            |                                                                                  |                                                    |                                               |                         |                              |  |  |
| Application(s): (if any)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (Application Number)                                                                                                                                                                                                                                                                                                     |                                            | (Filing Date)                                                                    | (Status -                                          | patented, pending,                            | abandon                 | ed)                          |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (Application Number)                                                                                                                                                                                                                                                                                                     |                                            | (Filing Date)                                                                    | (Status -                                          | patented, pending,                            | abandon                 | <br>ed)                      |  |  |
| Page 1 of 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | -/                                                                                                                                                                                                                                                                                                                       |                                            | . • •                                                                            |                                                    |                                               |                         | •                            |  |  |

| application and to transaction business in the Patent and Trademark Office of the difference of the attorior resulting patent based on a functions received from the entity who first sent to attorior polication papers to the attorior below, unless the invertible of assignee provides said attorneys with a written not to the contrary:  Raymond C. Stewart (Reg. No. 21,066) Terrell Contract (Reg. No. 19,38 James M. Stattery (Reg. No. 28,38 James M. Stattery (Reg. No. 28,38 James M. Stattery (Reg. No. 29,68 No. 29,68 No. 29,68 No. 29,271) Gerald M. Murphy, Jr. (Reg. No. 28,97 (Reg. No. 29,271) Gerald M. Murphy, Jr. (Reg. No. 28,97 (Reg. No. 29,271) | I haveler amoint the bring of          | ttornere to procedute   | this application and an inter-   | national application based           |
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| Raymond C. Stewart (Reg. No. 21,066) Terrell C. Joch (Reg. No. 19.38) Joseph A. Kolasch (Reg. No. 22,463) James M. Stattery (Reg. No. 28.38) Bernard L. Sweeney (Reg. No. 24,448) Michael K. Mutter (Reg. No. 29,68) Charles Gorenstein (Reg. No. 29,271) Gerald M. Murphy, Jr. (Reg. No. 28,97)                                                                                                                                                                                                                                                                                                                                                                           | application and to transaction busine  | ss in the Patent and T  | rademark Office of the ther      | ewith and in connection <sup>a</sup> |
| Raymond C. Stewart (Reg. No. 21,066) Terrell Conch (Reg. No. 19,38 Joseph A. Kolasch (Reg. No. 22,463) James M. Stattery (Reg. No. 28,38 Bernard L. Sweeney (Reg. No. 24,448) Michael K. Mutter (Reg. No. 29,68 Charles Gorenstein (Reg. No. 29,271) Gerald M. Murphy, Jr. (Reg. No. 28,97)                                                                                                                                                                                                                                                                                                                                                                                | resulting patent based on accions      | received from the enti- | ty who first sent the splication | papers to the attorneys in           |
| Joseph A. Kolasch (Reg. No. 22,463) James M. Stattery (Reg. No. 28,35) Bernard L. Sweeney (Reg. No. 24,448) Michael K. Mutter (Reg. No. 29,65) Charles Gorenstein (Reg. No. 29,271) Gerald M. Murphy, Jr. (Reg. No. 28,97)                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Selow, unless the livery, wor assigned | e provides sau anome,   | s widt a withen high 200 die com | uury.                                |
| Bernard L. Sweeney (Reg. No. 24,448) Michael K. Mutter (Reg. No. 29,68<br>Charles Gorenstein (Reg. No. 29,271) Gerald M. Murphy, Jr. (Reg. No. 28,97)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Raymond C. Stewart                     | (Reg. No. 21,066)       | Terrell Carch                    | (Reg. No. <u>19,382)</u>             |
| Charles Gorenstein (Reg. No. 29,271) Gerald M. Murphy, Jr. (Reg. No. 28,97                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Joseph A. Kolasch                      | (Reg. No. 22,463)       | James M. Slattery                | (Reg. No <u>. 28,380)</u>            |
| \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Bernard L. Sweeney                     | (Reg. No. 24,448)       | Michael K. Mutter                | (Reg. No. 29,680)                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Charles Gorenstein                     | (Reg. No. 29,271)       | Gerald M. Murphy, Jr.            | (Reg. No. 28,977)                    |
| Leonard R. Svensson (Reg. No. 30,330) Terry L. Clark (Reg. No. 32,64                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Leonard R. Svensson                    | (Reg. No. 30,330)       | Terry L. Clark                   | (Reg. No. 32,644)                    |
| Andrew D. Meikle (Reg. No. 32,868) Marc S. Weiner (Reg. No. 32,18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Andrew D. Meikle                       | (Reg. No. 32,868)       | Marc S. Weiner                   | (Reg. No. 32,181)                    |
| Joe McKinney Muncy (Reg. No. 32,334) Donald J. Daley (Reg. No. 34,31                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Joe McKinney Muncy                     | (Reg. No. 32,334)       | Donald J. Daley                  | (Reg. No. 34,313)                    |
| John W. Bailey (Reg. No. 32,881) John A. Castellano (Reg. No. 35,09                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | John W. Bailey                         | (Reg. No. 32,881)       | John A. Castellano               | (Reg. No. 35,094)                    |
| Gary D. Yacura (Reg. No. 35,416)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Gary D. Yacura                         |                         |                                  |                                      |

Send Correspondence to:

## BIRCH, STEWART, KOLASCH & BIRCH, LLP

or

Customer No. 2292

an international application based on this sted therewith and in connection with the pplication papers to the attorneys identified

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------|--------------------------------------|-----------------|---------------------------------------|--|--|--|
| indi Name of First or Sole inventor:                  | GIVEN NAME/FAMILY NAME                                                                                     | INVENTOR'S SIGNATURE                 | 1 X             | DATE*<br>June 14, 200                 |  |  |  |
| inventor<br>Invert Date This<br>Document is Signed    | Maria Eugénia MEIRINHOS DA CRUZ                                                                            | M. rengepio Mb.                      |                 |                                       |  |  |  |
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| Page 2 of 2                                           |                                                                                                            |                                      |                 |                                       |  |  |  |

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\*DATE OF SIGNATURE